



# LITTLE OWLS PRESCHOOL PLYMOUTH CIO

## REGISTRATION FORM

82-84 Higher Compton Road, Compton, Plymouth, PL3 5JD Tel: 01752 656466

Email: [plymouthlittleowls@gmail.com](mailto:plymouthlittleowls@gmail.com)

Child Name		Date of Birth	
Known as		Gender	
Home Address			
Does your child receive (circle as appropriate): ME2 funding (15hrs) <b>Please provide confirmation letter.</b> 3–4-year funding (15 hrs) 30-hour funding <b>Code:</b> _____			
Parent/Carer Name (1)		Date of birth	
Home Address (if different)			
National Insurance Number			
Home Number		Mobile Number	
Place of Work		Work Number	
Email Address			
Does this parent/carers have parental responsibility?		Does this parent/carers have legal contact?	
YES NO		YES NO	
Parent/Carer Name (2)		Date of birth	
Home Address (if different)			
National Insurance Number			

Home Number		Mobile Number	
Place of Work		Work Number	
Email Address			
Does this parent/carer have parental responsibility? YES    NO		Does this parent/carer have legal contact? YES    NO	
<b>Emergency Contacts</b>			
Name		Relationship to Child	
Contact Number(s)			
Name		Relationship to Child	
Contact Number(s)			
<b>Authorised to Collect</b>			
Name		Relationship to Child	
Name		Relationship to Child	
Name		Relationship to Child	
Collection Password			
Name of GP		Contact Number	
Name of Health Visitor		Contact Number	
Has your child been immunised against .....			
Diphtheria	Yes	No	
Polo	Yes	No	
Meningitis C	Yes	No	
Whooping cough	Yes	No	
Measles/Mumps/Rubella	Yes	No	
Tetanus	Yes	No	
HIBS	Yes	No	
Has your child been in hospital recently?	Yes	No	
Has your child got any on-going health problems?			
<p>Please note if your child has diarrhoea and/or vomiting they must be absent from Preschool for 48 hours after the last symptoms.</p>			
Is your child <b>allergic</b> to anything?			

Does your child have any special **dietary needs**?

	Any regular <b>medication</b> taken?					
	Is your child known to any other services e.g., speech & Language, Social Services etc.?					
Ethnicity			Religion		Home Language	
	When would you like your child to start preschool? Month/Year _____ or ASAP					
	<b>Days/sessions required: (please tick)</b>					
<b>Fee rate @ £5.75 per hour</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
7:30am – 8am *surcharge may apply subject to demand						
8am – 1pm						
8am – 3pm						
8am – 4pm						
8am – 5pm						
9am – 1pm						
9am – 3pm						
9am – 4pm						
9am – 5pm						
1pm - 4pm						
1pm – 5pm						
9:30– 2:30pm						
	Please state how you heard about Little Owls:					

Preschool Contract			
Our preschool offers supporting services as outlined in our prospectus. However, parents are the first and most important educators of their young children. The work of the group cannot be fully effective unless the preschool and the families work together in the child's interests. Parents/carers are asked to read and sign the statement below as an expression of this shared commitment.			
<b>Policies</b> I/We have read the preschool's policies and accept that the preschool will be run in accordance with these. I/We agree to comply with the safety policies and procedures of Little Owls Preschool.			
<b>Parent/Carer Participation</b> at Little Owls we acknowledge and respect parents/carers as their child's first educators. From the child's induction and settling in time, day-to-day care to assessing and planning, we consult with parents/carers, valuing and including their input. In our Under 2 room, we keep online records of daily events on each child and share the contents with the parents/carers each day via the ParentZone app. We use ICONNECT for our online Learning Journey's and provide regular updates to parents/carers, encouraging two-way communication and facilitating parental/carers involvement in their child's education and care. As well as daily hand-over discussions and our 'open door' policy, parents/carers are invited for regular reviews on their child's progression.			
<b>Shared Record Keeping</b> I/We will contribute to the recording of my/our child's development, working with the staff to identify and meet my/our child's educational, personal and social needs and to implement decisions taken in the interests of the child.			
<b>Punctuality</b> I/We will not be late for collecting my/our child from preschool. If it looks like I may be late, due to extreme traffic etc., I will contact the preschool as soon as I am aware of this. I/We understand that there is a late collection fee of £15.			
<b>Facebook Page</b> I/We give permission for images of my child to be shared on the Little Owls Pre-School Facebook page. Are you happy with this? YES NO			
<b>Learning Journey</b> Each child has their own online learning journey. We use the ICONNECT software. We take photographs of the children and add written observations. You will be sent a link to your child's learning journey, where you will be able to set up a password. Are you happy with this? YES NO			
<b>Photography</b> We also take photographs/videos of the children for displays in the preschool and for advertising. Are you happy with this? YES NO			
<b>Walks</b> We occasionally take children for short walks and visits to local places of interest. We will ensure that there are sufficient adults accompanying the children. We will inform you of bigger outings. Are you happy with this? YES NO			
<b>Sun Cream</b> I/We consent to 'top up' sun cream being applied to my/our child in the afternoon. I/We will apply suncream to my/our child before their session. (Little Owls reserve the right to apply a charge for the purchase of nursery suncream) YES NO			
<b>Nappy Cream</b> I/We consent to providing nappy cream (if required) and authorise for this to be applied to my child when required. YES NO			
<b>BABIES (applies to Under 1 Year olds only) CALPOL (paracetamol)</b> I/We give permission for Calpol to be given to my child if required. Are you happy with this? YES NO			
<b>Absences</b> I/We will inform the preschool if my/our child is absent for whatever reason. <b>I understand that sickness or any other unplanned absences will still need to be paid for as staffing will have already been arranged.</b>			
<b>Registration Fee</b> I/We understand that there is a £10 registration fee.			
I/We give permission for my child to be photographed in group observations that will be visible on other children's Learning Journals YES NO			
I/We consent to the preschool seeking emergency medical advice and treatment for, my/our, child in the event, that, I/We, cannot be contacted.			
Signature:		Date:	
Signature:		Date:	
I/We have read and agree to all the terms outlined above.			
Signature:		Date:	
Signature:		Date:	



## Payment Agreement

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

My child will be attending Little Owls Preschool for the following sessions:

	Start	Finish
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

My child is entitled to \_\_\_\_\_ hours funding. I shall pay the remaining \_\_\_\_\_ hours at the rate of **£5.75**.

**There is a registration fee of £10.**

Invoices will be issued before the 20<sup>th</sup> of each month and must be paid, in advance, before the 1<sup>st</sup> of the month, e.g., invoices for October will be issued by the 20<sup>th</sup> of September and must be paid by the 1<sup>st</sup> of October.

I understand that if I am **late** in making a **payment**, I will be charged a £10 fee. If payment is not made, my child will only be entitled to their funded hours until the payment is made.

Any **additional hours** will need to be paid in advance of these hours being taken.

If I am **late to collect** my child from preschool, I understand that I will be charged an extra £15 fee as it has implications on staffing. I shall endeavour to ring the preschool if I predict I shall be late, to make other arrangements e.g., having someone else collect my child, or booking them in preschool for extra time if the preschool can accommodate this.

I understand that **sickness, holiday**, or any other **unplanned absences** will still need to be paid for as staffing will have already been arranged. Childcare fees are not charged for bank holidays and nursery closure. Payment for any absences of a reasonable period for pre-planned medical reasons will be at the discretion of the manager and trustees. All other absences will be charged at the normal rates.

If you wish to **terminate your contract** with us, you will be required to give 4 weeks' notice and any invoices for this period must be paid in full.

**Holiday clubs:** Once you have confirmed that you wish to take up a space in holiday club you are committing to paying for that space (unless Little Owls cancels the holiday club) as this has an impact on the viability of the clubs and could affect future holiday clubs. Payment for holiday club must be settled in advance.

Parent/Carer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent to Share Personal Information

The setting manager working with you and your child will talk to you explaining what information is held on your child, why it is held, why it is shared with other agencies and details about the law.

I understand that information is recorded about me/my child. I have had the opportunity to discuss the implication of this.

Please tick **one** of the following and sign where appropriate.

<p>1. <input type="checkbox"/></p> <p>I agree that personal information about me/my child may be shared between this organisation and other relevant organisations.</p>	<p>Name of Child: .....</p> <p>Parent/Carer Name: .....</p> <p>Date: .....</p>
<p>2. <input type="checkbox"/></p> <p>I agree that personal information about me/my child may be shared between this organisation and other relevant organisations except:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Name of Child: .....</p> <p>Parent/Carer Name: .....</p> <p>Date: .....</p>
<p>3. <input type="checkbox"/></p> <p>I do not want my personal information being passed to other organisations.</p>	<p>Name of Child: .....</p> <p>Parent/Carer Name: .....</p> <p>Date: .....</p>
<p>I understand that the limitations may affect the service that is available.</p> <p><b>We will not pass on any information without consent, unless we are required by law, or have a statutory duty to do so, to:</b></p> <p>1. Protect you;    2. Prevent harm to someone else;    3. Prevent or detect a crime</p>	

Name of Organisation completing this form: .....

Name of Staff Member .....

Signature of Staff Member: .....